

REQUEST FOR GOVERNMENT APPROVAL FOR AIRCREW QUALIFICATIONS AND TRAINING

Form Approved
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The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0704-0347), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT FLIGHT REPRESENTATIVE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 136, 10 USC 2302; DLAI 8210.1; EO 9397.

PRINCIPAL PURPOSE(S): Used to monitor and manage individual contract flight and ground personnel records.

ROUTINE USE(S): Records from this system may be disclosed to the Federal Aviation Administration (FAA) or any of the blanket routine uses published by the Department of Defense (DoD) or the DoD Component maintaining the records.

DISCLOSURE: Voluntary; however, failure to provide the information could result in disapproval to participate in the program.

1. FROM (Name and Address of Contractor's Requesting Official)				2. TO (Name and Address of Government Flight Representative)			
3. CREWMEMBER NAME (Last, First, Middle Initial)				4. SSN		5. DATE OF BIRTH (YYYYMMDD)	
6. AIRCRAFT		7. CREW POSITION		8. SECURITY CLEARANCE		9. FAA RATING	
10. EDUCATIONAL BACKGROUND							
a. HIGH SCHOOL (1) NAME			(2) LOCATION (Include Zip Code)			(3) DATE COMPLETED (YYYYMM)	
b. COLLEGE(S) OR UNIVERSITY(IES) (1) NAME			(2) LOCATION (Include Zip Code)			(3) DEGREE(S) OBTAINED	
c. FLIGHT SCHOOL (1) NAME			(2) DATE COMPLETED (YYYYMMDD)		d. TEST PILOT SCHOOL (1) NAME		(2) DATE COMPLETED (YYYYMMDD)
e. SPECIAL PROFESSIONAL SCHOOL(S) (List name of school, location, primary subject of study, and date completed) (Use additional sheets if necessary)							
11. HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY SERVICE? (X one)				YES (Complete a. - f.)		NO	
a. BRANCH OF SERVICE		b. SERVICE DATES (YYYYMMDD) (1) FROM (2) TO		c. LAST LOCATION			
d. HIGHEST RANK		e. AERONAUTICAL RATING		f. ARE YOU NOW A MEMBER OF THE RESERVES OR NATIONAL GUARD? (X one)			
				YES (If Yes, specify:)		(1) BRANCH OF SERVICE (2) PRESENT RANK	
				NO			
12. PROVIDE A RESUME OF EXPERIENCE IN THE FLIGHT TEST FIELD. (Include both engineering and aircrew experience by project, type of aircraft, and hours flown.)							
<input type="checkbox"/> RESUME ATTACHED. (X if applicable)							
13. FLIGHT CREWMEMBER CERTIFICATION. I certify that I have read and understand all of the contractor's procedures and directives pertinent to the accomplishment of my assigned duty.							
a. TYPED NAME (Last, First, Middle Initial)			b. SIGNATURE			c. DATE SIGNED	
14. CONTRACTOR'S REQUESTING OFFICIAL (CRO)							
I have verified the records of the crewmember above and request that he/she be approved for qualification training as a (crew position) _____ for (Strike out all inapplicable) experimental/engineering/acceptance/ production/functional/support flights in _____ type aircraft.							
a. TYPED NAME (Last, First, Middle Initial)			b. SIGNATURE			c. DATE SIGNED	
15. GOVERNMENT FLIGHT REPRESENTATIVE (GFR)							
APPROVED		a. TYPED NAME (Last, First, Middle Initial)		b. SIGNATURE		c. DATE SIGNED	
DISAPPROVED							